

## PAYMENT AUTHORIZATION FORM

\_\_\_\_\_ PTA

Date \_\_\_\_\_

Name of Person Requesting Check \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

PTA Position \_\_\_\_\_

City/Zip \_\_\_\_\_

Event or Assignment \_\_\_\_\_

Date of Event \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Date Approved in Minutes \_\_\_\_\_

☐ Invoice attached

☐ Receipt attached

### Write Check To:

Name of Person/Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City Zip Telephone

### Approved by:

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Secretary's or Financial Secretary's Signature

### FOR PTA TREASURER USE:

☐ Membership-approved activity

☐ Funds released by membership

☐ Executive Board-approved expenditure

Budget Category	Budgeted Amount	Check Number	Amount
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